

CASE NO. _____

Note: If space allotted is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

FRANKLIN COUNTY FORM 16.0 APPLICATION FOR APPOINTMENT OF GUARDIAN (MINOR)

4. LIST OF NEXT OF KIN OF THE MINOR FOR SERVICE OF NOTICE, AND WAIVER(S), IF ANY, ARE ATTACHED AS EXHIBIT B.

5. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT:

A. Name and AKA _____
Home Address _____

Relationship to Minor _____
Occupation _____
Work Address _____

ZIP _____
Telephone: Home _____ Work _____
D.O.B. _____

B. Applicant **(is/is not)** an administrator, executor, or other fiduciary of the estate wherein the minor has an interest. (O.R.C. 2111.09).

C. Applicant **(has/has not)** been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list dates and places of the charge(s) or conviction(s), [O.R.C. 2111.03(A)]:

Charge/Conviction	Date	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. INFORMATION CONCERNING THE MINOR:

- A. Full Name and AKA _____
Age _____ Date of Birth _____ Male _____ Female _____
Legal settlement or residence is: _____
City, State, Zip _____
in _____ County, Ohio Telephone _____
Length of that residence is _____
- B. School Minor will attend while under guardianship _____
_____ School's telephone: _____
- C. If the minor is living at an address different from the residence shown in Section 6-A above,
that address is:

- D. Name of person, other than minor, who may be contacted at the address where the minor is
living:
Name: _____ Telephone: _____
- E. In the event of the death or incapacity of the applicant/guardian, the Court should contact the
nearest friends or relatives whose names and addresses are:
Name: _____ Telephone: _____
Address: _____
_____ Zip _____
Name: _____ Telephone: _____
Address: _____
_____ Zip _____
Name: _____ Telephone: _____
Address: _____
_____ Zip _____

F. Reasons for the guardianship are: (O.R.C. 2111.06)

G. If the minor's age is over 14 years, he/she (does/doesnot) consent to the selection of the applicant as guardian. Consent is attached as Exhibit C.

H. The person who has custody of the Minor is _____
_____ and the address is _____

I. A certified copy of the minor's birth certificate is attached as Exhibit D.

J. A custody affidavit pursuant to O.R.C. 3109.27 is attached as Exhibit E.

K. I acknowledge that a parent of the ward can withdraw their consent to the guardianship at a later time and this Court may then terminate this guardianship or certify it to Juvenile Court for further action.

I hereby petition the court to be appointed guardian of the foregoing described minor and certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

Attorney Signature

Attorney's Printed Name

Address

City, State, Zip Code

()

Telephone

Applicant Signature

Applicant's Printed Name

Address

City, State, Zip Code

()

Telephone